

## SHERIFF'S DEPARTMENT

DELAWARE COUNTY

201 WEST FRONT STREET, MEDIA, PENNSYLVANIA 19063 (610) 891-4296

SHERIFF SERVICE  
PROCESS RECEIPT, and AFFIDAVIT OF RETURN

INSTRUCTIONS FOR SERVICE OF PROCESS: You must file one instruction sheet for each defendant. Please type. Do Not detach any copies.

1. PLAINTIFF/S/

Lamar Marshall

3. DEFENDANT/S/

Delaware County dlbb George W Hill Correctional Facility

SERVE



AT

5. NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVICE

Counselor Sam

6. ADDRESS (Street or RFD, Apartment No., City, Boro, Twp., State and ZIP Code)

500 Cheyney Rd Thornton PA 19373

7. INDICATE UNUSUAL SERVICE: ☐ REG MAIL ☐ DEPUTIZE ☐ POST ☐ OTHER

Now, 20, I, SHERIFF OF DELAWARE COUNTY, PA., do hereby deputize the Sheriff of County to execute this Writ and make return thereof according to law. This deputation being made at the request and risk of the plaintiff.

8. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE

SHERIFF OF DELAWARE COUNTY

Deputy Sheriff

Invoice No.

Amount Pd.

Docket #

Page

479079

\$235.00

6 of 7

7 Copies

NOTE ONLY APPLICABLE ON WRIT OF EXECUTION: N.B. WAIVER OF WATCHMAN - Any deputy sheriff levying upon or attaching any property under within writ may leave same without a watchman, in custody of whomever is found in possession, after notifying person of levy or attachment, without liability on the part of such deputy or the sheriff to any plaintiff herein for any loss, destruction or removal of any such property before sheriff's sale thereof.

9. PRINT/TYPE NAME AND ADDRESS OF ATTORNEY/ORIGINATOR

Gary Schaffert, Esq

11 Bala Ave

Bala Cynwyd PA 19024

10. TELEPHONE NUMBER

610-664-5200

11. DATE

7-21-22

12. SIGNATURE

bl Gary Schaffert

## SPACE BELOW FOR USE OF SHERIFF ONLY - DO NOT WRITE BELOW THIS LINE

13. I acknowledge receipt of the writ or complaint as indicated above.

SIGNATURE of Authorized DCSD Deputy or Clerk and Title

14. Date Filed

15. Expiration/Hearing date

SMH 7-28-22

30 Days

## TO BE COMPLETED BY SHERIFF

16. Served and made known to

on the 10th day of August

at 500 Cheyney Rd, Thornton PA 19373

20 22 at 2:10 o'clock, P M.

Defendant(s)

Commonwealth of Pennsylvania, in the manner described below:

- ☐ Defendant(s) personally served.
- ☐ Adult family member with whom said Defendant(s) reside(s). Relationship is
- ☐ Adult in charge of Defendant's residence.
- ☐ Manager/Clerk of place of lodging in which Defendant(s) reside(s).
- ☒ Agent or person in charge of Defendant's office or usual place of business.

☐ Posted☐ Other

On the day of 20, at o'clock, M.

Defendant not found because:

- ☐ Moved ☐ Unknown ☐ No Answer ☐ Vacant ☐ Other

REMARKS:

RETURNED:

17. AFFIRMED and subscribed to before me this

20 day of 20

23. Notary Public

18. Signature of Dep. Sheriff

21. Signature of Sheriff

SO ANSWER

19. Date 8/10/22

22. Date 12/20/22

SHERIFF OF DELAWARE COUNTY

MY COMMISSION EXPIRES

24. I ACKNOWLEDGE RECEIPT OF THE SHERIFF'S RETURN SIGNATURE OF AUTHORIZED ISSUING AUTHORITY AND TITLE

25. Date Received

## SHERIFF'S DEPARTMENT

DELAWARE COUNTY

201 WEST FRONT STREET, MEDIA, PENNSYLVANIA 19063 (610) 891-4296

SHERIFF SERVICE  
PROCESS RECEIPT, and AFFIDAVIT OF RETURN

INSTRUCTIONS FOR SERVICE OF PROCESS: You must file one instruction sheet for each defendant. Please type. Do Not detach any copies.

1. PLAINTIFF/S/

Lamar Marshall

2. COURT NUMBER

CV-2022-004141

3. DEFENDANT/S/

Delaware County d/b/a George W. Hill Correctional Facility

4. TYPE OF WRIT OR COMPLAINT

Civil Action Complaint

SERVE

5. NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVICE

Head of Maintenance Department

AT

6. ADDRESS (Street or RFD, Apartment No., City, Boro, Twp., State and ZIP Code)

500 Cheyney Rd Thornton PA 19373

7. INDICATE UNUSUAL SERVICE ☐ REG MAIL ☐ DEPUTIZE ☐ POST ☐ OTHER

Now, 20, I, SHERIFF OF DELAWARE COUNTY, PA., do hereby deputize the Sheriff of County to execute this Writ and make return thereof according to law. This deputation being made at the request and risk of the plaintiff.

SHERIFF OF DELAWARE COUNTY

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9. PRINT/TYPE NAME AND ADDRESS OF ATTORNEY/ORIGINATOR

Gary Schafkopf Esq

11 Bala Ave

Bala Cynwyd PA 19004

10. TELEPHONE NUMBER

610-664-5200

11. DATE

7-29-22

12. SIGNATURE

B1 Gary Schafkopf

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13. I acknowledge receipt of the writ or complaint as indicated above

SIGNATURE of Authorized DCSD Deputy or Clerk and Title

14. Date Filed

7-28-22

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- ☐ Adult in charge of Defendant's residence.
- ☐ Manager/Clerk of place of lodging in which Defendant(s) reside(s).
- ☒ Agent or person in charge of Defendant's office or usual place of business.

☐ Posted☐ Other \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_ o'clock, \_\_\_\_\_ M.

Defendant not found because:

- ☐ Moved ☐ Unknown ☐ No Answer ☐ Vacant ☐ Other \_\_\_\_\_

REMARKS:

RETURNED:

17. AFFIRMED and subscribed to before me this \_\_\_\_\_

20 day of \_\_\_\_\_ 20\_\_\_\_\_

23 \_\_\_\_\_ Notary Public

SO ANSWER.

18. Signature of Deputy Sheriff

21. Signature of Sheriff

19. Date

8/10/22

20. Date

AUG 12 2022

SHERIFF OF DELAWARE COUNTY

MY COMMISSION EXPIRES

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Lamar Marshall

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3 DEFENDANT/S/

Delaware County d/b/a George W. Hill Correctional Facility

4 TYPE OF WRIT OR COMPLAINT

Civil Action Complaint

SERVE

5 NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVICE

Mr. Banks

AT

6 ADDRESS (Street or RFD, Apartment No., City, Boro, Twp., State and ZIP Code)

500 Cherry Rd Thornton PA 19373

7. INDICATE UNUSUAL SERVICE ☐ REG MAIL ☐ DEPUTIZE ☐ POST ☐ OTHER

Now, 20\_\_\_\_\_, I, SHERIFF OF DELAWARE COUNTY, PA., do hereby deputize the Sheriff of \_\_\_\_\_ County to execute this Writ and make return thereof according to law. This deputation being made at the request and risk of the plaintiff.

SHERIFF OF DELAWARE COUNTY

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14 Date Filed

15 Expiration/Hearing date

JMMH

7-28-22

30 Days

TO BE COMPLETED BY SHERIFF

16. Served and made known to

on the 10<sup>th</sup> day of August

at 500 Cherry Rd, Thornton PA 19373

Defendant(s)

2:10 o'clock, P.M.

Street, County of Delaware.

Commonwealth of Pennsylvania, in the manner described below:

- ☐ Defendant(s) personally served.  
☐ Adult family member with whom said Defendant(s) reside(s). Relationship is \_\_\_\_\_  
☐ Adult in charge of Defendant's residence.  
☐ Manager/Clerk of place of lodging in which Defendant(s) reside(s).  
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REMARKS:

RETURNED:

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20 day of \_\_\_\_\_ 20\_\_\_\_

23. \_\_\_\_\_  
Notary Public

SO ANSWER

18 Signature of  
Dep Sheriff

21 Signature of Sheriff

19 Date 8/10/22

22 Date 8/12/2022

SHERIFF OF DELAWARE COUNTY

MY COMMISSION EXPIRES

24. I ACKNOWLEDGE RECEIPT OF THE SHERIFF'S RETURN SIGNATURE OF AUTHORIZED ISSUING AUTHORITY AND TITLE

25 Date Received